12/09/2009 15:26

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For	Other Than An	Authorized Com	mittee	Offi	ce Use Only
1. NAME OF COMMITTEE (in		FEC MAILING LAE	BEL Example:If to			
SOCIETY OF TH	ORACIC SURG	EONS POLITICAL A	ACTION COMMITTEE			
ADDRESS (number an	d street)	025 CONNECTICU	Γ AVENUE, N.W.			
Check if difference than previous reported. (A0)	erent L	UITE 1104 VASHINGTON			DC L	20036
2. FEC IDENTIFICA	TION NUMBER	_	CITY 🛕		STATE	ZIPCODE 🛕
C00325936			3. IS THIS X	NEW (N) OR	AMENE (A)	DED
July 15 Quarter October Quarter January Quarter July 31 Report(Year Or	ports: ly Report(Q1) ly Report(Q2) 15 ly Report(Q3)	(d) 30-Day Post -Elect Report for the	ne: Conven	ion (12C)	Aug 20 (No. 1) Sep 20 (No. 1) Oct 20 (No. 1) Special (12G) Special (12G) Runoff (30R)	Year Only) X Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
5. Covering Period	11	01 200	tillot			009
I certify that I have exa Type or Print Name of	٠.	rt and to the best of r Dr. John E. Mayer, J	ny knowledge and belie r.	f it is true, correct	and complete.	
Signature of Treasure	Electronically	y Filed by Dr. Johr	n E. Mayer, Jr.		Date 12	09 2009
NOTE : Submission of	false, erroneous	s, or incomplete infor	mation may subject the	person signing thi	is Report to the pena	alties of 2 U.S.C 437g.
Office Use						FEC FORM 3X (Rev. 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 2/18

Write or Type Committee Name SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE D D [®]D 0 1 2009 3 0 2009 1 1 11 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 80881.38 January 1 (b) Cash on Hand at 97223.66 Begining of Reporting Period 17230.00 166135.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 114453.66 247016.38 6(a) and 6(c) for Column B)

Cash on Hand at Close of Reporting Period

Total Disbursements (from Line 31)

(subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed

the committee (Itemize all on Schedule C and/or Schedule D)

10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)

	-	-		-	-			
						. (0.00	
_			-					
						(0.00	

11549.74

102903.92

144112.46

102903.92

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 18

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

м м 1 1 0 1 м°м 1 1 3 0 2009 2009 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 16080.00 155520.00 (i) Itemized (use Schedule A) 1150.00 10615.00 (ii) Unitemized (iii) TOTAL (add 17230.00 166135.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 166135.00 17230.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 17230.00 166135.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 17230.00 166135.00 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 18

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	549.74	5612.46
	Expenditures(c) Total Operating Expenditures	J-9.7 -	3012.40
	(add 21(a)(i), (a)(ii) and (b))	549.74	5612.46
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	11000.00	138500.00
24.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
17	Leave Mede	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(h) Political Party Committees	0.00	0.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11549.74	144112.46
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	11549.74	144112.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 18

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	17230.00	166135.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17230.00	166135.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	549.74	5612.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	549.74	5612.46

FE6AN026

SCHEDULE A (FEC Form	Use separate sche for each category Detailed Summary	of the
Any information copied from such Repo or for commercial purposes, other than	ts and Statements may not be sold or used busing the name and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	GEONS POLITICAL ACTION COMM	
Full Name (Last, First, Middle Initial) Dr. Edward V. Bennett		Date of Receipt
Mailing Address 319 South Mar	ning Boulevard	M M / D D / Y Y Y Y Y 1 1 1 1 3 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.9473
Albany FEC ID number of contributing federal political committee.	NY 12208	Amount of Each Receipt this Period 1000.00
Name of Employer Albany CT Surgeons	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	000.00
Full Name (Last, First, Middle Initial) Dr. Mary J. Boylan	I	Date of Receipt
Mailing Address 920 East 1st S	reet	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Duluth	State Zip Code MN 55805	Transaction ID: SA11AI.9474
FEC ID number of contributing federal political committee.	MN 55805	Amount of Each Receipt this Period 1500.00
Name of Employer St. Luke's Hospital	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Initial) Dr. John A. Galat		Date of Receipt
Mailing Address 1295 Southwes	t 1st Avenue	1 1 2 5 2 0 0 9
City Ocala	State Zip Code FL 34478	Transaction ID: SA11AI.9513
FEC ID number of contributing federal political committee.	C 344/8	Amount of Each Receipt this Period 500.00
Name of Employer Munroe Heart	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
	tional)	3000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 18 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per he name and address of any political committee	
SOCIETY OF THORACIC SURGEO	NS POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. Alan M. Gillinov		Date of Receipt
Mailing Address 9500 Euclid Avenue City	State Zip Code	1 1 1 2 0 0 9 Transaction ID: SA11AI.9481
Cleveland	OH 44195	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Cleveland Clinic Foundati- on	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. D. Tyler Greenfield		Date of Receipt
Mailing Address 2050 Meadowview P	arkway	11 25 2009
City	State Zip Code	Transaction ID: SA11AI.9516
Kingsport	TN 37660	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Cardiovascular Associates	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Dr. Brent A. Grishkin		Date of Receipt
Mailing Address 8918 Hemingway Gr	ove Circle	1 1 0 3 Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9459
Knoxville	TN 37922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Parkwest Heart & Lung Sur- geons	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	1000.00	_
		1615.00

Mailing Address 950 East Harvard Avenue State Zip Code Denver CO 80210 Transaction ID: SA11Al.9482 Amount of Each Receipt this Period	I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
A. Dr. Myles S. Guber Mailing Address 950 East Harvard Avenue City State Zip Code Denver CO 80210 FEC ID number of contributing rederal political committee. Name of Employer Code Surgical Physician Receipt For: Primary General Other (specify) ▼ 250.00 Date of Receipt this Period Transaction ID: SA11AI.9482 Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt Tor: Physician Aggregate Year-to-Date ▼ Transaction ID: SA11AI.9480 Date of Receipt Tor: Physician Aggregate Year-to-Date ▼ Transaction ID: SA11AI.9480 Date of Receipt Tor: Transaction ID: SA11AI.9480 Transaction ID: SA11AI.9480 Amount of Each Receipt this Period Transaction ID: SA11AI.9480 Amount of Each Receipt this Period Transaction ID: SA11AI.9480 Amount of Each Receipt this Period Transaction ID: SA11AI.9480 Transaction ID: SA11AI.9481 Amount of Each Receipt this Period Transaction ID: SA11AI.9481 Amount of Each Receipt this Period Transaction ID: SA11AI.9481 Amount of Each Receipt this Period Transaction ID: SA11AI.9481 Amount of Each Receipt this Period Transaction ID: SA11AI.9481 Amount of Each Receipt this Period Transaction ID: SA11AI.9481 Amount of Each Receipt this Period Transaction ID: SA11AI.9481 Amount of Each Receipt this Period Transaction ID: SA11AI.9481 Amount of Each Receipt this Period Transaction ID: SA11AI.9481 Amount of Each Receipt this Period Transaction ID: SA11AI.9481 Amount of Each Receipt this Period Transaction ID: SA11AI.9481 Amount of Each Receipt this Period Transaction ID: SA11AI.9481 Amount of Each Receipt this Period	7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	ldress of any political committee to	solicit contributions from such committee.
City	∠ A .	Dr. Myles S. Guber			Date of Receipt
Denver CO 80210 FEC ID number of contributing federal political committee. Name of Employer Colorado CV Surgical Receipt For: Primary General Other (specify) ▼ 250.00 B. Dr. David A Hornunin Maling Address 12155 Golden Bluff Court City State Zip Code Indianapolis IN 46236 FEC ID number of contributing federal political committee. Name of Employer CV Surgical Services Physician Receipt For: Perimary General Other (specify) ▼ 1000.00 City State Zip Code Indianapolis IN 46236 FEC ID number of contributing federal political committee. Name of Employer CV Surgical Services Physician Receipt For: Perimary General Other (specify) ▼ 1000.00 City State Zip Code Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Dr. Fraser M. Kelin Malling Address 742 Glendale Boulevard City State Zip Code Other (specify) ▼ 1000.00 Date of Receipt Transaction ID: SA11Al.9461 Amount of Each Receipt this Period Transaction ID: SA11Al.9461 Amount of Each Receipt this Period ID: SA11Al.9461 Amount of Each Receipt this Period ID: SA11Al.9461 Amount of Each Receipt Transaction ID: SA11Al.9461 Amount of Each Receipt this Period ID: SA11Al.94		Mailing Address 950 East Harvard Ave	nue		
Receipt For:		City	State	Zip Code	Transaction ID: SA11AI.9482
Name of Employer Colorado CV Surgical Receipt For: Primary General Quantification Quantification		Denver	CO	80210	Amount of Each Receipt this Period
Receipt For:			C		250.00
Primary		Name of Employer Colorado CV Surgical			
B. Dr. David A. Hormuth Mailing Address 12155 Golden Bluff Court City State Zip Code Indianapolis IN 46236 FEC ID number of contributing federal political committee. Name of Employer CV Surgical Services Primary General Other (specify) ▼ 1000.00 City State Zip Code IN 44907 Full Name (Last, First, Middle Initial) Date of Receipt Aggregate Year-to-Date ▼ 1000.00 Date of Receipt Transaction ID: SA11Al.9460 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 1000.00 Date of Receipt Transaction ID: SA11Al.9461 Amount of Each Receipt Initial Initi		Primary General	Aggregate	1 1 1 1 1 1 1	
City State Zip Code IN 46236 FEC ID number of contributing federal political committee. Name of Employer CV Surgical Services Receipt For: Primary General OH 44907 FEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) Dr. Fraser M. Keith Mailing Address 742 Glendale Boulevard City State Zip Code OH 44907 FEC ID number of contributing federal political committee. Name of Employer Midwestern Cardiac Surgery Receipt For: Primary General Occupation Physician Receipt Transaction ID: SA11AI.9461 Amount of Each Receipt this Period Transaction ID: SA11AI.9461 Amount of Each Receipt this Period Transaction ID: SA11AI.9461 Amount of Each Receipt this Period Transaction ID: SA11AI.9461 Amount of Each Receipt this Period Transaction ID: SA11AI.9461 Amount of Each Receipt this Period Transaction ID: SA11AI.9461 Amount of Each Receipt this Period Transaction ID: SA11AI.9461 Amount of Each Receipt this Period Transaction ID: SA11AI.9461 Amount of Each Receipt this Period Transaction ID: SA11AI.9461 Amount of Each Receipt this Period Transaction ID: SA11AI.9461 Amount of Each Receipt this Period Transaction ID: SA11AI.9461 Amount of Each Receipt this Period Transaction ID: SA11AI.9461 Amount of Each Receipt this Period Transaction ID: SA11AI.9461 Amount of Each Receipt this Period Transaction ID: SA11AI.9461 Amount of Each Receipt this Period	- В.		1		Date of Receipt
Indianapolis IN 46236 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. CV Surgical Services Receipt For: Primary General Other (specify) ▼ IN 46236 Amount of Each Receipt this Period 1000.00 Ccupation Physician Aggregate Year-to-Date ▼ In 1000.00 Date of Receipt Date of Receipt In 1000.00 Date of Rece		Mailing Address 12155 Golden Bluff Co	ourt		
FEC ID number of contributing federal political committee. Name of Employer CV Surgical Services Receipt For: Primary General Other (specify) ▼		City	State	Zip Code	Transaction ID: SA11AI.9460
Name of Employer CV Surgical Services Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 Date of Receipt Date of Receipt Mailing Address 742 Glendale Boulevard City Mansfield FEC ID number of contributing federal political committee. Name of Employer Midwestern Cardiac Surgery Receipt For: Primary Occupation Physician Aggregate Year-to-Date ▼ Transaction ID: SA11AI.9461 Amount of Each Receipt this Period Feceipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		<u>Indianapolis</u>	IN	46236	Amount of Each Receipt this Period
Receipt For:			C		1000.00
Primary General Other (specify) ▼ 1000.00 Ct. Dr. Fraser M. Keith Mailing Address 742 Glendale Boulevard City State Zip Code Mansfield OH 44907 FEC ID number of contributing federal political committee. Name of Employer Midwestern Cardiac Surgery Receipt For: Primary General Other (specify) ▼ 1250.00 Date of Receipt M M / O D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Name of Employer CV Surgical Services			
C. Dr. Fraser M. Keith Mailing Address 742 Glendale Boulevard City State Zip Code Mansfield OH 44907 FEC ID number of contributing federal political committee. Name of Employer Midwestern Cardiac Surgery Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Primary General	Aggregate		
City Mansfield FEC ID number of contributing federal political committee. Name of Employer Midwestern Cardiac Surgery Receipt For: Primary General Other (specify) ▼ Assistate Zip Code Transaction ID: SA11AI.9461 Amount of Each Receipt this Period 750.00 Aggregate Year-to-Date ▼ 1 1 0 3 2 0 0 9 Transaction ID: SA11AI.9461 Amount of Each Receipt this Period 750.00	- С.		1		Date of Receipt
Mansfield FEC ID number of contributing federal political committee. Name of Employer Midwestern Cardiac Surgery Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 750.00 Amount of Each Receipt this Period 750.00 750.00		Mailing Address 742 Glendale Bouleva	rd		
FEC ID number of contributing federal political committee. Name of Employer Midwestern Cardiac Surgery Receipt For: Primary General Other (specify) Occupation Physician Aggregate Year-to-Date 1250.00		· · · · ·		·	
Name of Employer Midwestern Cardiac Surgery Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date 1250.00			ОН	44907	Amount of Each Receipt this Period
Midwestern Cardiac Surgery Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00			C		750.00
Primary General Other (specify) ▼ 1250.00		Name of Employer Midwestern Cardiac Surgery			
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)			2000.00

TOTAL This Period (last page this line number only)

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for cor	mmercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	E OF COMMITTEE (In Full) CIETY OF THORACIC SURGEON	S POLITIC <i>A</i>	AL ACTION COMMITTEE	
A. <u>Dr. Mi</u>	lame (Last, First, Middle Initial) ichael G. Koelsch			Date of Receipt
	ng Address 16720 Morris Manor C			11 1 18 7 2009
City	esville	State IN	Zip Code	Transaction ID: SA11AI.9502
FEC	ID number of contributing al political committee.	C	46061	Amount of Each Receipt this Period 500.00
Name Ball N	e of Employer Memorial Hospital	Occupation Physicia		
	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
B. Dr. Le	lame (Last, First, Middle Initial)			Date of Receipt
Mailin	ng Address 750 East Adams Stree	t		11 25 2009
City		State	Zip Code	Transaction ID: SA11AI.9517
<u>Syra</u>		NY	13210	Amount of Each Receipt this Period
federa	ID number of contributing al political committee.	C		250.00
Name SUN	e of Employer Y Upstate Medical	Occupation Physicia		
	ipt For: Primary ☐ General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	lame (Last, First, Middle Initial) hristopher L. La Mendola			Date of Receipt
Mailin	ng Address 100 Port Washington I	Boulevard		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rosl	V.D	State NY	Zip Code	Transaction ID: SA11AI.9486
FEC	ID number of contributing al political committee.	C	11576	Amount of Each Receipt this Period 500.00
Name Cardi	e of Employer othoracic Surgery	Occupation Physicia		
	ipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTO	TAL of Receipts This Page (optional)			1250.00
TOTAL	This Period (last page this line number	only)	·	

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEOR	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John C. Myers Mailing Address 8526 Spring Brook Re City Rockford FEC ID number of contributing federal political committee. Name of Employer Swedish American Hospital Receipt For: Primary General	State IL C Occupation Physician		Date of Receipt 1 1
Other (specify) Full Name (Last, First, Middle Initial) Dr. Jose G. O'Neill-Rivera Mailing Address B-20 Calle Florencia City Guaynabo FEC ID number of contributing	State PR	Zip Code 00966	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼	Occupation Physician]
Full Name (Last, First, Middle Initial) Dr. Philip C. Ovadia Mailing Address 1000 Dutch Ridge Ro City Beaver	oad State PA	Zip Code 15009	Date of Receipt M M D D Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Tri-State Medical Group	C		500.00
Tri-State Medical Group Receipt For: Primary General Other (specify) ▼	Physician Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1		850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to DNS POLITICAL ACTION COMMITTEE	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Richard K. Parker Mailing Address 68 South Garfield		Date of Receipt
City Denver FEC ID number of contributing	State Zip Code CO 80209	Transaction ID: SA11AI.9487 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	500.00	
Dr. Modesto M. Peralta Mailing Address 9766 Rollin Road City	State Zip Code	Date of Receipt 1 1 0 3 2 0 0 9 Transaction ID: SA11AI.9465
Waite Hill FEC ID number of contributing federal political committee.	OH 44094	Amount of Each Receipt this Period 365.00
Name of Employer Retired	Occupation Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) Full Name (Last, First, Middle Initial)	365.00	
Dr. John E. Rea, III Mailing Address 833 Heathcliff Court		Date of Receipt 1 1 2 7 2 0 0 9
City Houston FEC ID number of contributing	State Zip Code TX 77024	Transaction ID: SA11AI.9507 Amount of Each Receipt this Period
federal political committee. Name of Employer Texas Surgical Associates	Occupation	500.00
Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional))	1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/18 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGE	EONS POLITICA	L ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. C. Swayze Rigby			Date of Receipt
Mailing Address 920 Woodgate Box	ulevard		11 27 2009
City Baton Rouge	State LA	Zip Code 70808	Transaction ID: SA11AI.9508
FEC ID number of contributing federal political committee.	C	70000	Amount of Each Receipt this Period 2000.00
Name of Employer CVT Surgical Center	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Robert M. Sade			Date of Receipt
Mailing Address 96 Jonathan Lucas	s Street		1 1 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charleston	State SC	Zip Code 29425	Transaction ID: SA11AI.9478 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	LUTEU	1000.00
Name of Employer Medical University of SC	Occupation Physician		
Receipt For: Primary General Other (specify)		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Brian L. Tell			Date of Receipt
Mailing Address 5501 Londonderry	Road		11 27 2009
City Edina	State MN	Zip Code 55436	Transaction ID: SA11AI.9509 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33-00	500.00
Name of Employer Twin Cities Heart & Lung	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option			3500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEOR			
Full Name (Last, First, Middle Initial) Dr. John C. Vander Woude		E // OTION GOMMITTEE	Date of Receipt
Mailing Address 16 Twin Oaks Estates	5		11 03 7 2009
City	State	Zip Code	Transaction ID: SA11AI.9468
Sioux Falls FEC ID number of contributing federal political committee.	SD	57105	Amount of Each Receipt this Period 1000.00
Name of Employer CTV Surgery	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Paul H. Werner Mailing Address 9550 North River Ber	nd Court		Date of Receipt
- Walling Address 9330 North River Ber	ia Court		11 03 2009
City <u>River Hills</u>	State WI	Zip Code	Transaction ID: SA11AI.9469
FEC ID number of contributing federal political committee.	C	53217	Amount of Each Receipt this Period 1000.00
Name of Employer CV Surgery Associates	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. A. Brian Wilcox, Jr.			Date of Receipt
Mailing Address 2010 Church Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9484
Nashville FEC ID number of contributing federal political committee.	C	37203-2081	Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupatio Physicia		
Receipt For: Primary General Other (specify)	_,	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		.	2500.00
			16080.00

TOTAL This Period (last page this line number only)

В.

C.

ago# 20000111000			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE N	one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			r the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS PO	LITICAL ACTION COMM	IITTEE	
Full Name (Last, First, Middle Initial) American Express			Transaction ID: SB21B.9489 Date of Disbursement
Mailing Address P.O. Box 53852			111
	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees		•	134.88
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
American Express			Transaction ID: SB21B.9511 Date of Disbursement
Mailing Address P.O. Box 53852			111 D 25 Y Y Y 0 0 9
,	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees			23.24
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: SB21B.9512 Date of Disbursement
Mailing Address P.O. Box 53852			111
	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees			4.95
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:	· (-F)/ ▼		
SUBTOTAL of Disbursements This Page (optional) .		>	163.07

TOTAL This Period (last page this line number only)

A.

В.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 15/18 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Transaction ID: SB21B.9472 Merchant Services Date of Disbursement 03 **1**[™]1 2009 Mailing Address 7300 Chapman Highway City State Zip Code Amount of Each Disbursement this Period Knoxville ΤN 37920 254.30 Purpose of Disbursement Credit Card Fees Candidate Name Category/ Type Office Sought: House Disbursement For: General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.9510 SunTrust Date of Disbursement 20 2009 Mailing Address 3440 Wisconsin Avenue, NW City State Zip Code Amount of Each Disbursement this Period 20016 Washington DC 132.37 Purpose of Disbursement Bank Charges Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	386.67
		540.74
TOTAL This Period (last page this line number only)		549.74

Primary

Other (specify)

State:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b				
Any Information copied from such Reports and S or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEON	S POLITICAL ACTION COM	IMITTEE						
Full Name (Last, First, Middle Initial) A. BUCSHON FOR CONGRESS			Transaction ID: Date of Disburse	ment				
Mailing Address P.O. BOX 250			1 1 D 1	8 / 2009				
City NEWBURGH	State Zip Code IN 47629		Amount of Each I	Disbursement this Period 2000.00				
Purpose of Disbursement CONTRIBUTION Candidate Name		Category/		2000.00				
LARRY D. BUCSHON	oursement For: 2010	Type						
Senate President State: IN District: 08	X Primary General Other (specify)							
Full Name (Last, First, Middle Initial) B. DAVE CAMP FOR CONGRESS 2010			Transaction ID: Date of Disburse					
Mailing Address 5915 EASTMAN AV	ENUE		1 1 D	8 7 2009				
City MIDLAND	State Zip Code MI 48640		Amount of Each I	Disbursement this Period				
Purpose of Disbursement CONTRIBUTION Candidate Name		Cotomony		1000.00				
DAVID LEE CAMP	oursement For: 2010	Category/ Type						
Senate President State: MI District: 04	X Primary General Other (specify) ▼							
Full Name (Last, First, Middle Initial) C. HOYER FOR CONGRESS			Transaction ID: Date of Disburse	ment				
Mailing Address 607 14TH STREET,	NW		111 / 1	8 7 2009				
City WASHINGTON	State Zip Code DC 20005		Amount of Each I	Disbursement this Period				
Purpose of Disbursement CONTRIBUTION Candidate Name		Category/		2500.00				
STENY H. HOYER	oursement For: 2010	Type						
Senate President State: MD District: 05	X Primary General Other (specify) ▼							
SUBTOTAL of Disbursements This Page (option	nal)	>		5500.00				
TOTAL This Period (last page this line number	only)	>						

		LE B (FEC Form 3X) Use separate schedule(s) FOR LII			-	ER:		-	PAGE 17/18							
ITEM	MIZED DIS	SBURSEME	ENTS	for each	category of the ´ Summary Page			eck onl 21b 27	y one) 22 28a	X	23 28b	, [24 28	。 F	25 29	
		ed from such Repo														<u> </u>
NAI	ME OF COMN	MITTEE (In Full) FHORACIC SUI							SHOIL GOT							
	,	First, Middle Initial) PUBLICAN CO		NAL COM	MITTEE						ion I		SB2	3.94	71	
Mai	iling Address	320 1ST ST	REET, SE						1 1	М	/ [1	0 /	Y	ž o ŏ s) Y
City W A	/ ASHINGTON	J		State DC	Zip Code 20003				Amo	unt d	of Ea	ch I	Disbur		nt this F	
	pose of Disbu NTRIBUTION										-		-	2	500.00	
Car	ndidate Name					С	ateg Type									
Offi	ice Sought:	House Senate President	Disburs	ement For: Primary Other (spe	General											
	l Name (Last, I	District: First, Middle Initial; CONGRESS)								i on I		SB2	3.94	70	
	iling Address	P.O. BOX 58	31						1 1	М		1		Y	ž o ŏ s	Y
City	/ RIGHTON			State MI	Zip Code 48116				Amo	unt o	of Ea	ch I	Disbur	seme	nt this F	Period
Pur	pose of Disbu				10110	Γ								1(00.00)
	ndidate Name CHAEL J. R	OGERS				С	ateg									
	ice Sought:	X House Senate President District: 08		ement For: Primary Other (spe	2010 General ecify)											
	,	First, Middle Initial) OR U.S. SENA							Date	of D	isbu	rse				
Mai	iling Address	P.O. BOX 49	945						1 1	М	/ [1	8 /	Y 2	ž o ŏ s) \
City EA	/ ST LANSIN	 G		State MI	Zip Code 48826				Amo	unt d	of Ea	ch I	Disbur	seme	nt this F	Period
	pose of Disbu													10	00.00	
	ndidate Name BBIE STAB	ENOW				С	ateg Typ	-								
	ice Sought:	House X Senate President District: 00		ement For: Primary Other (spe	2012 General											
	uc. IVII	DISTRICT: 00										_			00.00	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name	for each category of the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person the control of th	22 X 23 24 25 26 28a 28b 28c 29 30b for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS PC	··	mon contributions from such committee
Full Name (Last, First, Middle Initial) YARMUTH FOR CONGRESS Mailing Address 1819 BROWNSBORO RO	DAD	Transaction ID: SB23.9498 Date of Disbursement 11 1
	State Zip Code KY 40202 Category/ Type	Amount of Each Disbursement this Period 1000.00
Office Sought: X House Senate President State: KY District: 03	ment For: 2010 Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	11000.00